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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Charles A. Marmor, II

FIRM/COMPANY: U.S. Patent and Trademark Office /
Mail Stop Amendment

FACSIMILE NUMBER: 703.872.9306

CONFIRMATION TELEPHONE: 703.308.0858 (receptionist) or
703.305.3521 (C.A. Marmor)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: September 14, 2004

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FILE NUMBER: Docket No. R0367-00302

TOTAL # OF PAGES: 20
(INCLUDING COVERSHEET)

MESSAGE: Attached is an *Amendment and Response to the Office Action* mailed 6/15/2004 and *Terminal Disclaimer* in connection with patent application Serial No. 10/650,027, filed August 27, 2003.

Please confirm receipt of this facsimile.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **ELECTROSURGICAL BIOPSY DEVICE
AND METHOD**

Serial No.: 10/650,027

Filed: August 27, 2003

Atty. Docket No.: R0367-00302

Examiner: C. A. Marmor, II

Group Art Unit: 3736

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (707) 872-2306, addressed to Examiner C.A. Marmor, II, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 14, 2004, in San Francisco, CA.


 Anne Marie Leary

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 06/15/2004 and Terminal Disclaimer by Attorney.
- Claim Fee Calculation

No additional claim fee is required.

X Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fees
Independent Claims	2201	5 - 4 =	1 x	\$43=	\$ 43
Total Claims	2202	33 - 31 =	2 x	\$9=	\$ 18

Fees Due \$ 61

- Additional fees: Terminal Disclaimer fee under 37 CFR 1.20(d).....\$55

Total Fees Due \$116

- Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.

X The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00302.
 A duplicate copy of this document is enclosed.

By: 

Edward J. Lynch

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